

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533291

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	42					
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63		/				
64		/				
65		/				
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78		/				
79		/				
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81		/				
82		/				
83		/				
84	/	/				
85		/				
86		/				
87		/				
88	/	/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						